

# Swim Lesson Registration Summer 2011



## Participant Information:

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Information:

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Secondary Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Course Information, Group Lessons (please circle below)

June Session: *June 6-9; June 13-16*  
*June 20-23; June 27-30*

July Session: *July 11-14; July 18-21*

*Class times available: 9:00 a.m. to 9:30 a.m., 9:30 a.m. to 10:00 a.m., and 10:00 a.m. to 10:30 a.m.*

***The cost of each session is \$30.00. Lessons will be held Monday thru Thursday***

All Lessons will be held at Doug Russell Swimming Pool - 900 N. Midland Dr. - 432-694-6521

WAIVER: I know that participating in swimming is potentially hazardous. I should not participate unless I am medically able. I also assume any and all risk associated with this event including but not limited to falls, contact with other participants, the effect of the weather, including heat and/or humidity, and all such risk being known and appreciated by me. Knowing these facts, and in consideration of your accepting my entry, I hereby, for myself, my heirs, executors, administrators, or anyone else who might claim on my behalf, covenant not to sue, and waive, release discharge the City of Midland and/or any agents authorized by them for any purpose. This release waiver extends to all claims of every kind or nature, whatsoever, foreseen or unforeseen, know or unknown.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail or drop form off at:  
Parks and Recreation Office  
2701 W. Elizabeth Street  
Midland, TX 79701